

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

21073

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis MO (No. St. Anthony Hosp)

File No.....  
Registered No. 5576  
St. .... Ward

**2. FULL NAME**

Emma L May  
(a) Residence, No. 3833 Nebraska w St. 24 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 16 - 1880</u>		
7. AGE	YEARS	MONTHS
	<u>51</u>	<u>7</u>
		DAYS
		<u>25</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7/31</u>	
	11. Total time (years) spent in this occupation <u>93</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
FATHER	13. NAME <u>Charles Beichel Sr</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Greb</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT <u>Frank X. Sloan</u> (ADDRESS) <u>3416 S Wisconsin w</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Lakewood Park</u> DATE <u>6-14</u> 19 <u>32</u>		
19. UNDERTAKER <u>Ziegler &amp; Sons</u> (ADDRESS) <u>2623 Olive St</u>		
20. FILED <u>13 1932</u> <u>May C Stanley</u> Register		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 - 1932

22. I HEREBY CERTIFY That I attended deceased from June 7 - 1932 to June 11 - 1932  
I last saw h. or alive on June 11 - 1932 Death is said to have occurred on the date stated above, at 5 a.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Ovary  
metastasis  
Chronic Myocarditis

Other contributory causes of importance:  
Chronic Myocarditis

Name of operation None Date of.....  
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?.....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) L. J. Forrester M. D.  
(Address) 34518 S Grand St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2-17

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